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Attention: All Providers

Due to an overwhelming response from our first round of provider training, additional training for providers will be offered for the Provider Electronic Solutions software. The classes will be at the EDS office in Montgomery, so that we may accommodate your requests for hands on training. The training will include:

- Installation of the software
- Basic software configuration
- Building lists (required by HIPAA)
- Submitting forms for your provider type (Claims, reversals, eligibility requests, claim status, prior authorizations)
- Downloading and reading response files

We are requesting that you bring your current Provider Electronic Solutions submitter ID and claims to enter because you will have time to submit some claims for practice.

The classes will be broken into billing types, based on the type of claims you submit.

To register for a class, complete the form below and return it to any of the following addresses:

EDS, Provider Relations Department
ATTN: Provider Electronic Solutions Training Class
P.O Box 241685
Montgomery, AL 36124

FAX: (334) 215-4298

or

E-Mail: ann.cotton@alxix.slg.eds.com
nan.hornady@alxix.slg.eds.com

Schedule

December 1	9am Dental	11:30am Professional	2pm Institutional
December 2	9am Institutional	11:30am Dental	2pm Professional
December 3	9am Professional	11:30am Institutional	2pm Dental
December 4	9am Dental	11:30am Professional	2pm Institutional
December 5	9am Institutional	11:30am Dental	2pm Professional
December 8	9am Professional	11:30am Institutional	2pm Dental
December 9	9am Dental	11:30am Professional	2pm Institutional
December 10	9am Institutional	11:30am Dental	2pm Professional
December 11	9am Professional	11:30am Institutional	2pm Dental
December 12	9am Dental	11:30am Professional	2pm Institutional

Registration for Medicaid / EDS HIPAA Training Workshops

Provider Name: _____

Provider Number: _____

Your Telephone Number: () _____

Attendee: _____

1st Choice: Class Date: _____ Class Time: _____

2nd Choice: Class Date: _____ Class Time: _____

Your FAX Number: () _____

Your E-Mail: _____

*We are requesting your e-mail or fax number so we may provide you with confirmation of your registration. Directions will be sent with your confirmation. If you have any questions about the workshops, you may contact our Provider Assistance Center at 1-800-688-7989.

You will be notified three (3) weeks in advance of the activation of the HIPAA compliant system.

November 3, 2003



P.O. Box 241685
Montgomery AL 36124-1685